

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

Carol Walker

District of 2004 JUN 29 P 3:35

Plaintiff

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

John McNeal Lorenz Pitts, Jr.
Defendant
I, Carol Walker

☐ petitioner/plaintiff/movant

☐ other

declare that I am the (check appropriate box)

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?

☐ Yes

☒ No

(If "No," go to Part 2)

If "Yes," state the place of your incarceration

N/A

Are you employed at the institution?

N/A

Do you receive any payment from the institution?

N/A

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?

☐ Yes

☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Boston Housing Authority, around 1/18

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment

☐ Yes

☒ No

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4. Do you have any cash or ~~checking~~ or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. \$12.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value. *NA*
 I received a one time life insurance payment when my father died, for \$750; and a one time payment of \$350+/- when he died. No more such payments were received or expected. I receive SSI payments each month.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Jeremy, son: 100%
 Jonathan Beatty, son: 100%
 Joanna Beatty, daughter: 100%

I declare under penalty of perjury that the above information is true and correct.

June 28, 2004

Date

Carl Walker

Signature of Applicant